

**SUBCONTRACTING REPORT FOR INDIVIDUAL CONTRACTS**  
(See instructions on reverse)

OMB No.: 9000-0006  
Expires: 03/31/98

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (MVR), Federal Acquisition Policy Division, GSA, Washington, DC 20405.

1. CORPORATION, COMPANY OR SUBDIVISION COVERED			3. DATE SUBMITTED										
a. COMPANY NAME			4. REPORTING PERIOD FROM INCEPTION OF CONTRACT THRU: <table border="1" style="width:100%"><tr><td><input type="checkbox"/> MAR 31</td><td><input type="checkbox"/> SEPT 30</td><td>YEAR</td></tr></table>		<input type="checkbox"/> MAR 31	<input type="checkbox"/> SEPT 30	YEAR						
<input type="checkbox"/> MAR 31	<input type="checkbox"/> SEPT 30	YEAR											
b. STREET ADDRESS													
c. CITY	d. STATE	e. ZIP CODE											
2. CONTRACTOR IDENTIFICATION NUMBER			5. TYPE OF REPORT <input type="checkbox"/> REGULAR <input type="checkbox"/> FINAL <input type="checkbox"/> REVISE										
6. ADMINISTERING ACTIVITY (Please check applicable box)													
<table border="0" style="width:100%"><tr><td><input type="checkbox"/> ARMY</td><td><input type="checkbox"/> GSA</td><td><input type="checkbox"/> NASA</td></tr><tr><td><input type="checkbox"/> NAVY</td><td><input type="checkbox"/> DOE</td><td><input type="checkbox"/> OTHER FEDERAL AGENCY (Specify)</td></tr><tr><td><input type="checkbox"/> AIR FORCE</td><td><input type="checkbox"/> DEFENSE LOGISTICS AGENCY</td><td></td></tr></table>					<input type="checkbox"/> ARMY	<input type="checkbox"/> GSA	<input type="checkbox"/> NASA	<input type="checkbox"/> NAVY	<input type="checkbox"/> DOE	<input type="checkbox"/> OTHER FEDERAL AGENCY (Specify)	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> DEFENSE LOGISTICS AGENCY	
<input type="checkbox"/> ARMY	<input type="checkbox"/> GSA	<input type="checkbox"/> NASA											
<input type="checkbox"/> NAVY	<input type="checkbox"/> DOE	<input type="checkbox"/> OTHER FEDERAL AGENCY (Specify)											
<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> DEFENSE LOGISTICS AGENCY												
7. REPORT SUBMITTED AS (Check one and provide appropriate number)			8. AGENCY OR CONTRACTOR AWARDING CONTRACT										
<input type="checkbox"/> PRIME CONTRACTOR  <input type="checkbox"/> SUBCONTRACTOR	PRIME CONTRACT NUMBER	a. AGENCY'S OR CONTRACTOR'S NAME											
	SUBCONTRACT NUMBER	b. STREET ADDRESS											
9. DOLLARS AND PERCENTAGES IN THE FOLLOWING BLOCKS: <input type="checkbox"/> DO INCLUDE INDIRECT COSTS <input type="checkbox"/> DO NOT INCLUDE INDIRECT COSTS			c. CITY	d. STATE    e. ZIP CODE									

**SUBCONTRACT AWARDS**

TYPE	CURRENT GOAL		ACTUAL CUMULATIVE	
	WHOLE DOLLARS	PERCENT	WHOLE DOLLARS	PERCENT
10a. SMALL BUSINESS CONCERNS (Include SDB, WOSB, HBCU/MI) (Dollar Amount and Percent of 10c.)				
10b. LARGE BUSINESS CONCERNS (Dollar Amount and Percent of 10c.)				
10c. TOTAL (Sum of 10a. and 10b.)		100.0%		100.0%
11. SMALL DISADVANTAGED (SDB) CONCERNS (Include HBCU/MI) (Dollar Amount and Percent of 10c.)				
12. WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS (Dollar Amount and Percent of 10c.)				

13. REMARKS

14a. NAME OF INDIVIDUAL ADMINISTERING SUBCONTRACTING PLAN	14b. TELEPHONE NUMBER	
	AREA CODE	NUMBER